

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/540734**

FILING DATE

AFFILIANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		/				
102		/				
103		/				
104		/				
105		/				
106		/				
107		/				
108		/				
109		/				
110		/				
111		/				
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148						
149						
150						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	55	←		←		←
TOTAL CLAIMS	62					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
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197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

2 of 2

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FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

Serial No. **10/540734**

Applicant(s)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

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10f2